

State/Territory: MAINE**OFFICIAL**AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): ALL

19. Case management services and Tuberculosis related services

- a. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

☐ Provided: ☐ With limitations☒ Not provided.

- b. Special tuberculosis (TB) related services under section 1902(z)(2) of the Act.

☐ Provided: ☐ With limitations*☒ Not provided.

20. Extended services to pregnant women.

- a. Pregnancy-related and postpartum services for 60-day period after the pregnancy ends and any remaining days in the month in which the 60th day falls..

☒ Provided+ ☐ Additional coverage++

- b. Services for any other medical conditions that may complicate pregnancy.

☒ Provided:+ ☐ Additional coverage++ ☐ Not provided.

21. Certified pediatric or family nurse practitioners' services.

☒ Provided: ☒ No limitations ☐ With limitations

+ Attached is a list of major categories of services (e.g., inpatient hospital, physician, etc.) and limitations on them, if any, that are available as pregnancy-related services or services for any other medical condition that may complicate pregnancy.

++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

* Description provided on attachment.

TN No. 94-006

Supersedes

TN No. 91-14Approval Date JUN 23 1994Effective Date 4/1/94

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MARCH 1987

ATTACHMENT 3.1-B
Page 8
OMB No. 0938-0193

State: Maine

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S):

OFFICIAL

22. Respiratory care services (in accordance with Section 1902(e)(9)(A) through (C) of the Act).
 / / Provided: / / No limitations / / With limitations*
 /X/ Not provided
23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.
- a. Transportation.
 /X/ Provided: / / No limitations /X/ With limitations*
- b. Services of Christian Science nurses.
 /X/ Provided: /X/ No limitations / / With limitations*
- c. Care and services provided in Christian Science sanatoria.
 /X/ Provided: /X/ No limitations / / With limitations*
- d. Skilled nursing facility services for patients under 21 years of age.
 /X/ Provided: /X/ No limitations / / With limitations*
- e. Emergency hospital services.
 / / Provided: / / No limitations / / With limitations*
- f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and furnished by a qualified person under supervision of a registered nurse.
 /X/ Provided / / No limitations /X/ With limitations*
 (See attachment to Attachment 3.1-A, Page 9)

TN No. 95-005
Supersedes
TN No. 8706

Approval Date 7/6/95 Effective Date 4/1/95

OFFICIAL

- 23.a. Transportation to covered health care services is limited to medically-necessary health care services when transportation is not otherwise available. Transportation must be provided in the least expensive means available that is suitable to the recipient's medical needs.

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AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED TO
MEDICALLY NEEDY GROUP(S):

23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary. (cont.)

g. Clozaril monitoring services.

/X/ Provided / / No limitations

/X/ With limitations*

(See attachment to Attachment 3.1-A, Page 9)

24. Pediatric or family nurse practitioners' services as defined in Section 1905(a)(21) of the Act (added by Section 6405 of OBRA '89):

/X/ Provided: /X/ No limitations

/ / With limitations*

* Description provided on attachment.

TN No. 95 - 005
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TN No. 91-09

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State/Territory: Maine

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S):

OFFICIAL

25. Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described, and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

☐ Provided

☒ Not provided

26. Personal care services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease that are (A) authorized for the individual by a physician in accordance with a plan of treatment, (B) provided by an individual who is qualified to provide such services and who is not a member of the individual's family, and (C) furnished in a home.

☒ Provided:

☒ State approved (not physician) service plan allowed

☒ Services outside the home also allowed

☒ Limitations described on attachment (**See attachment to Attachment 3.1-A, Page 10**)

☐ Not provided

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